SICC MEETING MINUTES

Truman Building, Room 400

November 19, 2004

Members Present

Valeri Lane	Leslie Elpers	Melodie Friedebach
Gretchen Schmitz	Lisa Robbins	Kathy Fuger
Darin Pries for Tracey King	Margaret Franklin	Ronald Roberts
Melinda Sanders for Paula Nickelson	Robin Christensen for Sue Allen	Sherl Taylor
Kris Hotchkiss for Sharon Hailey		

Members Not Present

Elizabeth Spaugh	Pamela Byars	Joan Harter
Anne Deaton		

Other Staff Present

Joyce Jackman	Mary Corey	Bill Connelly
Alycia Haug	Amanda Wogan	Margaret Strecker
Wayne Goddard	Kate Numerick	Dale Carlson
Debby Parsons	Linda Bowers for DMH	

To review copies of handouts mentioned in the minutes below, go to the following website: http://dese.mo.gov/divspeced/FirstSteps/SICCmtgdates.htm and click on "Handouts" for the meeting you are interested in.

Call to Order, Welcome, and Introductions – Valeri Lane called the meeting to order at 8:30 a.m. Introductions were made.

Approval of SICC Minutes – Discussion regarding the minutes from the September meeting took place. The following changes were noted:

- Kathy Fuger noted that the title for the CSPD committee was incorrect and should read "Comprehensive System of Personnel Development".
- Under the IFSP Quality Indicator Rating Scale discussion, delete the second to last sentence and reword the last sentence to make it less confusing. Last sentence will read, "the new SPOEs were asked to update the SICC on the IFSP Quality Indicator Rating Scale at the November meeting, but this will be brief because they will receive the exemplars in November."
- At the bottom of page seven, under the title Lack of Providers in Rural Areas, remove the phrase "two miscellaneous items."

A question was also raised regarding the focused monitoring stakeholders' meeting that was to have taken place on Thursday, November 18th. This issue will be discussed later. Kathy Fuger motioned to approve the minutes as amended. Melodie seconded the motion. Motion passed.

Bylaws to Review as First Read – This draft of the bylaws was written for approval. Changes were made using the responses received from the questions asked at the September meeting. Melodie Friedebach went through the additional changes.

- Article four, number two, deleted reference to Parents as Teachers (PAT), since PAT is not an early intervention service under IDEA.
- Article four, number eight, added "or head start collaboration office."

- Article five, number two, deleted the reference to unexcused absences. The SICC will monitor attendance and make recommendations to the Governor's office for termination of members who have two consecutive absences or three absences in a year. Attendance by a designee is not considered an absence.
- Article five, added number three regarding term lengths.
- Article six, the reference to having a Sergeant-at-Arms was removed.
- Article nine, the definition of a quorum was left as it currently reads.

Kathy Fuger asked if there is a difference between excused and unexcused absences. Valeri Lane indicated that there was not a distinction because of use of designees. If the bylaws are approved at next SICC meeting, the changes will go into effect that day. Also, since the SICC does not have a program year, absences will be totaled on a calendar year from January to December. Valeri Lane indicated that July 1-June 30 would coincide with the terms of the members. However, Darin Preis suggested leaving it as written, a calendar year from January to December, so the SICC would not have to redo first read. Darin motioned to pass as first read. Lisa Robbins seconded the motion. Motion passed.

Belief Statements and Philosophy Document – This document was revised to create a one page belief statement document and a separate three page document that explains the belief statements and the First Steps history. This was done in response to a request at the September SICC meeting. Darin Pries motioned to approve the document as provided. Margie seconded the motion. Discussion took place regarding the following areas:

- Belief statement number four: The extra "in" located in front of the word naturally was removed from the first sentence. Kathy also wanted to know why in the third sentence states live, learn, and play? Valeri Lane indicated that live, learn, and play is a Mary Beth Bruder influence. There was also discussion around the sentence regarding coaching and consulting. It was suggested to add "and children" after "with families."
- Belief statement number five: in the description, it was suggested to delete the second sentence.
- Belief statement number seven: the comma in last sentence needs deleted.
- Belief statement number eight: Leslie Elpers felt this contained two different thoughts with "family engagement" and "early identification." Kathy indicated the explanation should be consistent with the title. It was suggested to reword the title as follows: "Early Identification and Family Engagement are Critical to Early Intervention." The description now reads: "Early identification and early family engagement are both critical for optimal development of young children. Early intervention means providing families information and support through on-going dialog as early as possible. Consultation with families and caregivers provides appropriate information EARLY and the opportunity for families to be actively engaged in the early intervention process."
- In the first sentence under First Steps History and Legislative Intent, the word "Education" is missing from DESE's written out title. Also, the first paragraph needs to be changed from "have joined" to "has joined." It was suggested to add a comma after Health and Senior Services, but DESE indicated this would be reviewed with executive secretary regarding Department policy.

Valeri asked the SICC if they agreed to approve this document as amended by this discussion. Motion passed. These documents will be updated, posted on the web, and distributed within two weeks. A footer will be added stating the document was adopted by the SICC at the November meeting.

Phase I SPOE Report – The directors from each new SPOE area discussed the changes in their areas. A comparison across the SPOE areas was distributed as a handout, which will also be posted on the web. This comparison can be prepared for each SICC meeting, if the Council feels the information is needed.

- Regional Interagency Coordinating Council (RICC)/Local Interagency Coordinating Council (LICC)
  - The St. Louis Co. SPOE is struggling with medical representation. The LICC has disbanded due to duplication of the RICC functions. Members of the LICC will be put on an RICC subcommittee.
  - The Northwest LICCs are continuing. There were challenges setting up meeting times and locations for the RICC. The meetings are set from 10:30-3:00, meals are provided, and mileage is reimbursed. Since the Northwest area is so vast, it was asked if they could consider meeting by teleconference. All possibilities have not been explored at this time since the RICC meetings have just started. The members are aware that travel will be a requirement so this has not been an issue.
  - The Greater St. Louis SPOE had timing issues when setting up their RICC meetings, because the working community prefers meetings at the end of the day or in the evening and families prefer them during the day. The RICC will determine future meeting dates once the initial meeting has taken place. There have also been challenges identifying families to serve.

- The RICC was specified in the RFP.
- Leslie Elpers asked what communication has taken place between the RICCs and providers. The Northwest area has sent mailings. Juli Hillyer indicated they would do mass mailings and postings on the web. Juli indicated they tried e-mail, but the data went to some providers multiple times and others did not receive anything.

- Peer Review
  - The St. Louis County SPOE started October 1, 2004, with twenty–thirty referrals weekly. Peer reviewers are being used for re-evaluations, assisting the SPOE, and giving guidance to service coordinators.
  - The Northwest SPOE peer reviewers are used during the initial IFSP meeting to help develop the IFSP. Most of them are located in the Clay, Platte, and Ray areas and are willing to travel to St. Joseph, but not much further. The staffing pattern allows for quicker response, which is helping with the 45-day timelines. Family service coordinators are doing most of the intake work.
  - The Greater St. Louis SPOE plans to have the peer reviewers perform periodic file reviews. There was training for initial group, but now it will be on an individual basis. A job description for the peer reviewers is being created. Margaret Pickett will send a copy of the job description to Stacy Vecellio for distribution to the SICC. They probably need double the number of peer reviewers they currently have, some have already decided to quit.
  - There has been interest from independent providers, but most agencies do not want to participate due to constraints with providing the on-going services. It was explained that within an agency, if a provider does the evaluation as a peer reviewer, then another provider within that agency cannot provide the on-going services in the same discipline. However, a provider within the same agency can provide on-going services in a different discipline to the same child, as long as the evaluation was done by someone outside the agency.
  - The rate of reimbursement is the same for the peer reviewer doing the evaluation and the provider providing the on-going services.
  - Melodie wanted to know how many referrals are being received and how many of them are eligible. Some indicated that the number of referrals has decrease, but that could be due to more appropriate referrals. The Northwest SPOE indicated an increase in the number of eligible referrals.
  - All peer reviewers have been involved in the First Steps system and are currently on the matrix. Some directors look at two areas when deciding on peer reviewers: how long they have been involved in early intervention and if they have taken all of their required modules. Juli has potential peer reviewers fill out a form requesting demographic information and their view on the First Steps philosophy. Lisa Robbins asked about the availability of ABA therapists to be peer reviewers. Currently, the directors have not had anyone they felt was qualified and willing to do the peer review instead of providing the on-going services.
  - The RFP specified four types of therapists, and others as needed, to be peer reviewers. All SPOE directors indicated there were exceptions for areas where providers were not available.
- Service Coordination
  - The Northwest SPOE's biggest challenge working with DMH service coordinators revolves around the fact that DMH staff does not work directly for the SPOE. Therefore that employer/employee relationship does not exist, reinforcing the need for effective collaboration between the Regional Centers and the SPOE. Other concerns due to the lack of direct SPOE supervision over DMH service coordinators include the lack of attendance by DMH service coordinators at SPOE sponsored trainings and the number of supervisory staff the SPOEs must deal with at the Regional Centers. Debby Parsons met with DMH yesterday to update the interagency agreement and the changes to this agreement should help with these issues. The SPOE RFP specified the relationship between the SPOE director and the Regional Center director. This has been expanded upon in the new interagency agreement to allow for director or the director's designee. The SICC DMH representative indicated that the use of a designee would make collaboration more effective. Dale Carlson indicated that DESE will need to get involved if these issues cannot be resolved locally.
  - Margaret Pickett indicated they have been working well with their DMH agencies. Since service coordination is close to the sixty percent SPOE and forty percent DMH balance, if a child will need future services, the SPOE will try to get them a DMH service coordinator.
  - The Phase I SPOE directors indicated that they use service coordinators to perform other operational requirements, such as child find.
- Concern was expressed over the issue of paying peer reviewers a different rate than providers of direct services. Joyce Jackman indicated the discussions concerning a peer reviewer incentive only applied when a review team had to cross SPOE borders because certain reviewers were not available in a SPOE. The

Northwest SPOE borders Phase II SPOEs where providers serve both Phase I and Phase II areas. This has been an issue because of the differences in the operating structure of these areas. Valeri Lane asked DESE to allow for the issue of rural areas in the RFP for the Phase II area.

- There was additional discussion regarding training. Some indicated that at first there was some school district hostility because they did not understand First Steps eligibility criteria and referral process. One RICC would like to create a document for families, listing other available local resources. The people being trained in the Northwest SPOE are sharing that training with others. The SPOEs travel to the training locations. Training topics include First Steps eligibility criteria and the SPOE operation process. The Northwest SPOE plans to continue trainings with the provider community as a means to keep them informed about various changes, requirements, and updates.
- All SPOEs indicated that the monthly data reports presented at the SICC were useful, but could be more specific in terms of services and child count. Joyce Jackman indicated that this report was designed to allow all SPOEs, as well as providers, to track the total dollars expended in a given month and compare the expenditures to funds remaining in the fiscal year. This was intended to provide a way to gauge the drawdown of available funds for direct service and the likely timeframe in which First Steps funds may be totally expended. It was hoped that this monitoring of funds available would encourage service coordinators and direct service providers to more carefully and accurately evaluate the level and intensity of services to ensure that only required services are performed. Joyce also indicated that the SPOES have specific reports available in the system that would provide the type of detail they seem to be requesting. This will be addressed at the next SPOE directors' meeting.
- There was discussion regarding the area of assistive technology (AT). A process to address AT was included in the Phase I RFP, because the existing First Steps process did not address the issue. The SPOE requirements regarding AT should provide a better, more effective, mechanism for addressing AT issues at the SPOE level. Dale Carlson indicated that more AT oversight at the SPOE level should bring a corresponding direct cost savings back to the system. Kate Numerick indicated that guidelines exist for AT in the new IFSP Quality Indicator Rating Scale. Margaret Strecker pointed out that Compliance is aware of these issues and are working to try to pull together more information in a consistent manner.
  - AT purchases are done through the IFSP team and are reflected on the IFSP. There is a section on the IFSP to reflect other services, what service is being delivered, and who is paying for it. Service coordinators should be prepared to advise families concerning all options available for AT within, or outside, of the First Steps system.
  - Ronnie Roberts asked if the families should be told what the source of equipment funding is and who should provide that information. St. Louis County indicated they have a form they utilize at transition that provides this information to the family. Valeri Lane pointed out that this is a new issue with the Phase I SPOE areas and does not apply to Phase II areas.
  - Equipment purchased with federal funds cannot be resold. Melodie indicated that specially fitted equipment would be discarded. Medicaid rules require that equipment purchased with Medicaid funds stays with the family.
  - Storage of AT equipment by the SPOE was a requirement of the new Phase I bid so the SPOEs were aware of the requirement to store this equipment. To date, the SPOEs have not gone after many items of equipment required to stay in the First Steps system, but this will increase in the future. Some families in the Northwest area are purchasing equipment on their own, if able, in order to keep it after the child turns age three. The St. Louis County SPOE plans to post equipment on the web so others can see what is available and to give the SPOE a tracking method.
  - The Northwest SPOE is letting families know that items purchased with First Steps funds will stay with the First Steps program when the child turns three, unless the child continues into Part B and the item is transferred to a school district. A concern was noted that AT equipment purchases must go through a First Steps vendor, who in many cases adds a processing fee, which increases the cost of the item. Joyce Jackman indicated that an internal discussion needs to take place regarding this issue.
  - DESE will discuss AT with the new SPOEs at the next SPOE directors' meeting. Melodie indicated that several issues need to be worked out. Valeri Lane asked DESE to update the SICC on AT during the March meeting. Darin Pries and Lisa Robbins indicated that the state is paying more for AT through First Steps vendors and that state policies created this situation. Melodie indicated that AT has been a long-standing issue and DESE has been working to correct the issue.
  - The St. Louis County SPOE has had to provide compensatory services. The types of services are child specific and can be given in extra time or accelerated services if appropriate.

Provider – Wayne Goddard presented the on-line training, an overview of Moodle and Typo3. A generic login to the system is available for guests. This was designed for parents and potential providers to gain access to the system, except for the assessment. Once logged in, an e-mail will be received containing information on how to use the system. Once the assessment is completed, the grade will appear on the last screen. Once the submit button is hit, DESE will receive the results. Typo3 is a content management system. There are now four choices of software (ASCII, Rich Text, Microsoft before and after 2003). Some of the programs do not have as many graphics. Evaluation & Assessment (E&A), Individualized Family Service Plan (IFSP), and service coordination training have all been reviewed. Trainers reviewed the modules and made recommendations, one of which was to put both E&A and IFSP completely on-line. Reformatting has started and both E&A and IFSP modules are being reviewed internally. DESE anticipates piloting one or both of these modules around the end of the year. The service coordinator module will follow.

Comprehensive System of Personnel Development (CSPD)-Provider Agreements – Kate Numerick provided an updated on the status of the provider agreements. The agreements clarify requirements and speak to the current workings of the system. For example, it refers specifically to the Central Finance Office (CFO), rather than a DESE contractor. The new agreements will contain the requirement for completing the required training within six months of enrollment. Internal review is partially completed and DESE expects to have the revisions to the field by December. Valeri Lane asked, regarding the CSPD, what the next component will be after the piloting the trainings. Kate indicated that the CSPD committee will meet again, probably in the spring. Valeri and Kathy Fuger indicated that this seems linear instead of systemic. Valeri indicated she would like to see a document showing the comprehensive plan, instead of these single items. Kate is to prepare and present a handout at the next SICC meeting regarding the comprehensive system.

Provider Turnover – Kate Numerick provided the Council with a handout regarding provider turnover (how many providers are in the system and how many are leaving). Kate explained the data on the chart. The 298 providers that were excluded from the count reflect the number that was grayed off the matrix in September, due to lack of completing the required training. Dale Carlson indicated that this information was calculated and is being shared in response to comments at SICC meetings that lots of providers are leaving the system. At this time, there are approximately 2,600 providers in the system. The number located in the "Total Providers in System" column is slightly higher, due to the fact that some providers work both independently and for an agency. Discussion took place regarding how to calculate the turn-over rate. Leslie Elpers indicated that she thought it was artificial to include the new enrollees. However, if the new enrollees are not included, then those who enrolled and disenrolled in the same month would be missed. It was indicated that this data would be more useful by region to reflect data in rural areas, because some still believe that a lot of providers are leaving in those areas. Leslie asked if a field could be added to the CFO system for reasons why providers are leaving the system. A survey was also suggested to collect this information. Kate stated that in the future the matrix will not be searchable by last name. When providers are grayed off the matrix, their information is stored for reference, but the business rules do not apply to them. If someone has a name and searches only by that, the name will come up even if the person has been grayed off the matrix.

No Provider Available (NPA) – Kate Numerick handed out information, including a map that was posted on the web yesterday. Kate went through the information on the map and spreadsheet showing NPA and matrix availability. DESE used the matrix to call Occupational Therapists (OTs) with openings to verify the matrix listing was accurate. If a provider was only willing to travel to certain areas in a county, the provider was asked to update the matrix with the areas of the county they would physically go to provide services. There may be a no provider available issue, however, it changes on a daily basis. The service coordinators need to let the SPOEs know accurately what providers are unavailable. Provider recruitment letters were sent to language interpreters and Applied Behavior Analysis (ABA) scholarship recipients, encouraging them to enroll as First Steps providers. DESE feels that the on-line training will assist in getting providers. Kathy Fuger asked that acronyms be put in footnotes or written out on the handouts. Kate will send an e-mail to SPOEs, service coordinators, and regional consultants regarding NPA, the reasons for its use, and these handouts. Kate will also pull information on those going to a clinic for services.

Lack of Providers in Rural Areas – Leslie Elpers passed out a revised handout. The subcommittee decided to remove job sharing from the list due to having multiple people in the home at the same time; other natural

environment because a natural environment in the community does not mean a natural environment for the child; and mileage reimbursement rates. DESE received information from the National Early Childhood Technical Assistance Center (NECTAC) on how other states handle mileage, but the information was not relevant to this issue. Debby will send the document she received from NECTAC to Leslie for her review. The subcommittee also felt that, while retaining current providers, the providers needed to be updated on changes and new information and at some point retake the modules. Kate indicated that as items are posted on the web, DESE lets providers know via e-mail. Leslie recommended that DESE review the modules, note the changes, and send them out in an e-mail. Kate indicated that with the work it would take to do this it might be easier to tell providers to retake the modules. It is really important that families hear about no provider available, so if their child is not getting services they know their options. Leslie said the procedural safeguards are hard to read and need to be put in a format that families can easily understand. Melodie indicated that OSEP told DESE to basically quote the Federal Regulations. Valeri asked about putting together a "procedural safeguard for dummies," but Kate indicated that it would not be appropriate to create another document as OSEP does not regard shortened versions as informing parents of their rights.

Results of the National Early Childhood Technical Assistance Center (NECTAC) Training in St. Louis – Kate Numerick presented an overview of the NECTAC training in St. Louis. The videotapes are being reviewed for splicing and issuing to the field. Hopefully, this will be available in early December. This will probably be done via video projection rather than video conferencing, because of the questions embedded with the videotaped training. Seventy percent of the participants felt the training increased their understanding of current literature on effective family-centered early interventions services provided in the context of the family's everyday routine and activities while twenty-one percent were neutral. Eighty-nine percent felt that the training increased their understanding of the IFSP Quality Indicators Rating Scale, its development, and proposed use as a monitoring and improvement tool while eight and a half percent were neutral, and two percent disagreed.

The initial meeting for C to B transition will be held in Jefferson City on December 9, 2004. Kate handed out a listing of the options for testing adaptive behaviors, other than the Vineland.

IFSP Quality Indicator Rating Scale and Exemplar – Kate Numerick updated the SICC on the IFSP Quality Indicator Rating Scale and exemplars. Internal and external "expert" reviews have taken place on one exemplar set. This set is in the final stages prior to publishing. Publication is anticipated in late November or early December. Training the rebid SPOEs will take place prior to January 1, 2005. The creation of additional exemplars will be continuous.

OSEP's Response to Annual Performance Report (APR) – Debby Parsons indicated this document was sent out prior to this meeting and the letter was dated October 13, 2004. No questions were asked.

DESE's Interim Progress Report to OSEP – Debby Parsons discussed the interim progress report with the council. The interim report is a summary of where DESE is currently. The report includes information on provider oversight currently in place, DESE staffing changes, the old St. Louis SPOE, and minority issues. The Annual Performance Report (APR) is the next item DESE must submit to OSEP and it is due in March. OSEP will host a conference call series with states to discuss the APR. It requires SICC certification so it will need to be reviewed by the SICC at the March meeting.

Stakeholder meetings – Margaret Strecker indicated that DESE has been working on the General Supervision piece to give to the stakeholders for their review. Margaret passed out a handout. DESE has been working with the National Center for Special Education Accountability Monitoring (NCSEAM) to go beyond the typical monitoring that used to just address compliance. The monitoring of compliance needs to continue, but NCSEAM is helping pull together general supervision requirements. DESE has tried to approach this from a couple of different ways (monitoring of all entities; public awareness and child find; compliant system; data collection; financial management; and interagency agreements and dispute resolutions). A procedural notebook may be created and DESE does not want to leave out any of the APR requirements. The first section reviewed will be monitoring, which will be the most difficult and complex to decide who DESE needs to monitor based on each item. Provider issues will also be reviewed. Some key issues are: monitoring all entities, timely resolutions of non-compliance, technical assistance, and how to blend Effective Practices and Compliance. DESE is tentatively looking at having the stakeholder meeting prior to the January SICC meeting.

DMH Interagency Agreements – Debby Parsons met with staff at the DMH Central Office yesterday to discuss the interagency agreement. Additional changes were made. It should be sent to the agencies for signature next week. This will be sent to SPOEs and DMH regional centers. This agreement will be applicable throughout the state, not just the Phase I area. Debby highlighted some of the key elements based on today's discussion.

- DMH responsibilities: service coordinators are to correct areas of non-compliance; employ sufficient staff for forty percent of eligible children (this could be recalculated, if there are drastic changes); service coordinator cannot bill the CFO; billing Medicaid directly; service coordinator must meet First Steps credential requirement; implement First Step procedures, including standard forms and the child data system; maintain active participation with the SICC; and partnership at regional and state level.
- Regional Center and SPOE coordination responsibilities: a plan to address communication; dispute resolutions; service coordinator training; how to coordinate assignment of DMH service coordinators; and DMH needs to notify SPOEs of service coordinator caseload availability.
- SPOE responsibilities: intake; train DMH service coordinators with their own service coordinators in various areas; and share data.
- DMH Regional Center responsibilities: notify SPOE directors of openings on service coordinator caseloads; release service coordinators to attend training; assign staff to participate in the RICC; recruiting providers; recover and return assistive technology equipment; utilize peer reviewers; and transfer records.
- SPOE and DMH service coordinator responsibilities: these responsibilities were pulled from the RFP.
- DMH wanted resolution on interagency and intragency disputes handled at regional centers, but must come from old agreements.

Budget – Dale Carlson passed around a two-page handout (side A – Monthly Expenditure Report and side B – Monthly Direct Services Cost Report). A percentage breakout has been added for the direct services, indicating the relationship/percentage of early intervention services, evaluation, assessment, and team meetings to total direct service costs by month. Direct service expenditures for September ($1,599,460) and October ($1,942,353) are solid numbers. The October amount indicated a rate of expenditure that exceeds the funds available, which means the First Steps system is still on track to run out of funding for direct services in the March/April timeframe. The estimated expenditure for direct services in November ($1.87 million) continues to show a high rate of monthly expenditure. First Steps has received little Medicaid reimbursement to date (due to HIPPA requirements being put in place). An estimated Medicaid payment of approximately $300,000 is expected in November then payments should begin to flow on a regular basis. Karen Jacobi asked if Medicaid can be back billed. Dale indicated that is already being done and DESE has a year to file claims. Cost containment is one of the issues which was considered during the building of the rebid of the Phase I SPOEs. Preliminary data seems to indicate that the structural and organizational pieces implemented in the new SPOE organizations are beginning to show promise in the area of cost containment. This includes referral data, 45-day data, use/oversight of service coordination, etc. The FY05 $6 million supplemental appropriation request is still on the table. With the supplemental, the First Steps system is fully funded, but the potential exists for a one to two month break in the ability of the state to continue to pay for direct services in March/April. First Steps billing is thirty to forty-five days in arrears so expenditures reflected for a particular month actually reflect an earlier timeframe.

A federal Part C supplemental grant award of $14,414 was received in September. These funds result from other states' inability to expend their entire grant award and thus were redistributed to states able to expend all their funds.

First Steps Consultants – Joyce Jackman stated that the consultants are in place and currently working on developing a scope of work. A couple of weeks ago, information was sent out on all explanation of benefits (EOB-listing of all claims paid) regarding the new features of our system. Additional e-mails and web references will also be sent out. Direct deposit will be starting soon and will be required March 1, 2005. The forms for direct deposit will be posted on the CFO website, but that section is currently under construction. Paper authorizations will no longer be used as of March 1, 2005. In order for providers to check their authorizations, they will need to have access to mofirststeps.com. A login for mofirststeps.com will be required by February 28, 2005. All authorizations and claims must be electronically submitted as of March 1, 2005. If a paper claim or authorization is received on or after March 1, 2005, it will be sent back and the provider will be told to submit it on-line. Probably in December there will be a mass e-mail regarding this item. Effective January 1, 2005, anyone having to bill the CFO will have to bill within sixty days of the date services are provided. This is in the provider

agreement and will be enforced. If there needs to be a correction to a claim, providers will have ninety days from the date of the EOB to have it corrected. If a provider goes over the sixty days, it will not be paid. The number of claims received over sixty days is currently only about ten percent. This is based on the actual date of service. The new system test is scheduled for April, with the new SPOEs following in May, then the whole state in June.

Medicaid Discussion – Sandra Levels, Director of Program Management with the Division of Medical Services, attended today's meeting to answer a list of questions (handout) posed by the Council. She indicated that if there are any additional questions she would try to answer them, but if she cannot, then she will find out the answer and respond back to DESE.

1. Previously, we asked if it was appropriate to seek Medicaid reimbursement for Demonstration/Coaching/Family Training for occupational therapy, physical therapy and speech/language pathology since building family capacity to deal with these children is a primary goal of the federal First Steps system. Your response was that Demonstration/Coaching/Family Training <u>are</u> considered medical services in the Medicaid State Plan. We understand this to mean that Medicaid will reimburse the First Steps system for:
   -OT, PT and Speech Direct Services, and
   -OT, PT and Speech Family Demonstration/Coaching/Family Training.

   Is this a correct interpretation? Demonstration, coaching, and family training are an integral part of services. These parts were taken into consideration at the time the rates were established. It was mentioned that part of First Steps supporting children is for the families to know how to incorporate what the therapist does when the therapist is not there. Sandra said that this may be a requirement for First Steps, but it is not a mandate for Medicaid. Lisa Robbins asked Sandra if she believes these items are built into the rate and no other rates are needed. Sandra asked if it was a therapist working with the child, but explaining to the parents. Lisa indicated it was. Dale asked if there would be an instance when the parent would be working with the child and the therapist is just there, because that would not be. Sandra will address this issue further with her response.
2. When were the current Medicaid rates for OT, PT and Speech established? What is the process for establishing these rates? These rates were established in 1990 with a reimbursement reduction of $.50 per unit in March 2003. When establishing a rate that is reasonable and customary, Medicaid looks to Medicare and figures a percentage of their cost that is reasonable and supports their budget. An appropriation through the general assembly is needed to change these rates.
3. Can Medicaid rates for these therapies (OT, PT and Speech) be different for First Steps? If yes, what would the impact of that difference and how would we proceed with setting different rates? What impact would such a change have upon the State Medicaid budget? The answer to number three is only if you call it an incentive. The OT, PT, and ST rates are the same throughout the state. When the rates for First Steps were first established, Medicaid did not tell DESE they had to match that rate for services. DESE made the decision to keep non-Medicaid children at the same reimbursement rate. CMS said that First Steps could not set their rates higher because PT, OT, and ST rates are not only for First Steps. Sherl indicated that the original incentive justification was travel time. This was to cover the travel time, but not to pay mileage. Medicaid will look back to their amendment and see how it was justified to CMS originally. Dale asked if there was a change to the rate or incentive how that would affect the budget. The rate will stay the same, but an incentive would depend on the budget amount increased.
4. How do Missouri's Medicaid rates for OT, PT and Speech compare to other neighboring states' rates? Are we lower, higher or about the same? Missouri rates tend to be a little lower. Where Missouri gets $10 another state may get $11 and change, so there is not a significant difference.
5. Why can't we reimburse providers for mileage and their drive time (e.g., through XIX funds or First Steps funds) when they drive to Natural Environments? The service that Medicaid is paying for is ONLY the service delivered in the family's home. The traditional responses that have been received to this question are: (1) when you accept Medicaid reimbursement for a service, you must accept that as payment in full; or (2) Medicaid has included a travel incentive within the natural environment rate structure.

   Can one argue that Medicaid is paying for the intervention (therapy service/ demonstration/coaching), and that driving to the family home should be looked at as a "separate" service entirely, covered by additional reimbursement? To the extent this travel "service" can be allowed by Medicaid as necessary to perform the IFSP service in the natural environment, First Steps program costs would not be severely impacted. If

mileage costs cannot be an eligible Medicaid cost and are paid with Part C funds, there could be a significant increase in the total cost of the First Steps system.

We understand the Medicaid travel reimbursement through NEMP (non-emergency medical transportation.). The Medicaid model is built on taking the patient to the services which differs from the federal early intervention model which basically requires First Steps to take the service to the child/family. How can we address this difference? Valeri Lane asked if there was anything in Medicaid law to keep Part C funds from paying for mileage or a travel policy. Medicaid does not speak to Part C, so it does not have any rules against Part C funds paying for a travel policy. Medicaid payment is payment in full for the medically necessary services. Medicaid will pay for the service, but not for the provider to get there. Joyce Jackman indicated that she thought the natural environment incentive rate was to cover travel/mileage in all First Steps services, which is paid to the provider. So, that is calculated into the rate, and the rate cannot be tacked onto. Dale Carlson mentioned that even with a travel incentive built into the rate there is still the issue of getting providers to the natural environment. This was an incentive not paying mileage. Lisa Robbins suggested not taking the incentive, it would be better to get the mileage reimbursement. Sandra will not break out the amounts.

Debby Parsons clarified that providers get $40 per hour to go to the clinic, but $50 per hour to go to the home from the natural environment incentive. Sandra indicated that a change regarding the incentive would have to come as a formal request to be evaluated. Melodie asked if DESE did not have to accept Medicaid payment as payment in full. Sandra indicated that DESE cannot supplement her payment. She believes this question was posed to CMS and they said no. Sandra indicated she would go with what CMS said.

Valeri Lane clarified that Medicaid pays for the service. Valeri asked if the act of getting to the place of service is the same as the service or different and, if different, could Part C funds pay for it. Valeri indicated that she would send this to Sandra formally to allow her to evaluate this to get us an answer. Dale stated that this will be a significant dollar increase to the program if mileage is paid with Part C funds. Sandra indicated that Medicaid provides transportation to non-emergency medical appointment, but does not pay for the providers to go to the families. If there is free transportation available, then it has to be used first. The transportation broker requires notification in advance. Sherl explained that if a family has an appointment for a Medicaid eligible service, then the family contacts the transportation broker at 1-888-863-9513 to set up a transportation appointment. There are restrictions on this service. The transportation broker will ask questions to verify it is a Medicaid covered service appointment. The broker asks additional questions if the appointment is out of a fifty mile radius. It can be dictated where the child is taken for services, if there is a closer Medicaid provider available. If a closer Medicaid provider is available, even if it is not a First Steps provider, that provider must be used, if the parents refuse the request can be denied. The broker will try to see if the family can take a bus, family friend, or family can take them, then Medicaid will directly pay the family. Sandra stated that Medicaid prefers to pay the family, because it is usually cheaper. This reimbursement would go through Medicaid directly, not through the CFO. The broker will verify that the appointment took place, then reimburse will be made. Right now the reimbursement rate is fifteen cents per mile. Kate Numerick asked if the service coordinator could call for the family. Sherl indicated they can help, but it is more difficult because there has to be some way to verify the information is releasable due to HIPPA regulations. Several appointments could be set at one time.

6. Related to question 5 is another question from another SICC member. She asks, “We have a “natural environment” incentive. Why can we not have a “rural environment” incentive which would have to be defined, but would be directed specifically toward areas where few therapists are available due to the rural nature of the location? Medicaid has never looked into a rural environment incentive. First Steps is not the only program with this problem. The rates are not based regionally, so the answer is no.
7. Is it true that home health Medicaid reimbursement rate for OT, PT, ST is greater than First Steps reimbursement for the same service? Yes. A flat rate of $59 is paid for home health regardless of amount of time spent in the home. Sandra will check into why the amount is different and get back to DESE with the reason. The rate for First Steps is $50 per unit, so they can be paid more than home health in the end. Sherl indicated that First Steps chose to align themselves with the OT, PT, and speech rates and not the home health agencies.
8. How does Medicaid look at services that are billed through both Medicaid and First Steps for the same family, i.e., a physician orders PT more frequently than the IFSP authorizes? Sherl indicated that if a

physician requests thirty minutes of speech four times a week, but First Steps only does two times a week, then Medicaid will approve on the physicians orders.

9. Explain what provider agencies (that are not home health) can do as far as accepting referrals from Medicaid. In other words, can provider agencies provide therapy services to non-First Steps children and those without IEP's if they are not home health agencies? First Steps has an IFSP, if not it is home health. This question can be skipped per Valeri.

There will be follow-up with DESE on some of these issues. This item will be put on January's agenda.

Lisa Robbins made a motion to adjourn the meeting. Melodie Friedebach seconded the motion. Motion passed. Meeting adjourned at 3:00.